



Please type a plus sign (+) inside this box →

Approved for use through 10/31/2002. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

11-30-04 *IEW*

|                                                                                                    |  |                      |                           |
|----------------------------------------------------------------------------------------------------|--|----------------------|---------------------------|
| <b>TRANSMITTAL<br/>FORM</b><br><i>(to be used for all correspondence after<br/>initial filing)</i> |  | Application Number   | 10/756,998                |
|                                                                                                    |  | Filing Date          | January 13, 2004          |
|                                                                                                    |  | First Named Inventor | Scranton, Jr., Delbert C. |
|                                                                                                    |  | Group Art Unit       | 1754                      |
|                                                                                                    |  | Examiner Name        | Johnson, Edward M.        |
| Total Number of Pages in This Submission                                                           |  | Attorney Docket No.  | 43640/45781               |

**ENCLOSURES (check all that apply)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                         |                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Charge Deposit Account -20-0823                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Assignment Papers<br><i>(for an Application)</i>               | <input type="checkbox"/> After Allowance Communication to Group                                      |
| <input checked="" type="checkbox"/> Fee Attached                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Drawing(s)                                                     | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences                  |
| <input checked="" type="checkbox"/> Amendment / Reply                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Group<br><i>(Appeal Notice, Brief, Reply Brief)</i> |
| <input type="checkbox"/> Affidavits/declarations(s)                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Petition                                                       | <input type="checkbox"/> Proprietary Information                                                     |
| <input checked="" type="checkbox"/> Extension of Time Request                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Status Letter                                                               |
| <input type="checkbox"/> Express Abandonment Request                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Request To Rescind Previous Nonpublication Request                          |
| <input checked="" type="checkbox"/> Information Disclosure Statement                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> Terminal Disclaimer                                 | <input type="checkbox"/> Response to Notice of Allowability                                          |
| <input type="checkbox"/> Certified Copy of Priority Document(s)                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Request for Refund                                             | <input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>                          |
| <input type="checkbox"/> Response to Missing Parts Incomplete Application                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> CD, Number of CD(s) _____                                      |                                                                                                      |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53                                                                                                                                                                                                                                                                                                                                                             |                                                                                         |                                                                                                      |
| <input type="checkbox"/> Petition For Revival of an Application for Patent Abandoned Unintentionally Under 37 CFR 1.137(b)                                                                                                                                                                                                                                                                                                               |                                                                                         |                                                                                                      |
| Remarks: <input checked="" type="checkbox"/> Commissioner is hereby authorized to charge fees in this application and any fees which may be required, or any overpayment, to Deposit Account 20-0823. I have enclosed a duplicate copy of this sheet<br><input checked="" type="checkbox"/> Amount: <u>\$88.00-Excess Claim; \$110.00-Terminal Disclosure; \$180.00 Late Supplemental IDS; \$110.00 Petition for One Month Extension</u> |                                                                                         |                                                                                                      |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|                         |                   |
|-------------------------|-------------------|
| Firm or Individual Name | Steven M. Ritchey |
| Signature               |                   |
| Date                    | 11/29/04          |

**CERTIFICATE OF EXPRESS MAILING**  
Express Mail No. EV494044159US

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as Express Mail in an envelope addressed to: Assistant Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

date: 11/29/04

|                       |                   |
|-----------------------|-------------------|
| Typed or printed name | Steven M. Ritchey |
| Signature             |                   |
| Date                  | 11/29/04          |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.